PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number 09/927,035 Application Number CHANGE OF

CORRESPONDENCE ADDRESS	Filing Date	August 09, 2001			
Application	First Named Inventor	Redwine, Christopher			
Address to:	Art Unit	3711			
Commissioner for Patents P.O. Box 1450	Examiner Name	Hunter, Avin A.			
Alexandria, VA 22313-1450	Attorney Docket Number	RED 05.001			
Please change the Correspondence Address for the	above-identified patent applica	tion to:			
The address associated with Customer Number:	00048008	]			
OR					
Firm or Individual Name Michael A. Kerr					
Address Virtual Legal, P.C. P.O. Box 22028					
City Carson City	State NV	Zip 89721			
Country USA					
Telephone 775-841-3388	Email mick@invent.net				
This form cannot be used to change the data associal data associated with an existing Customer Number u	ited with a Customer Number. se "Request for Customer Num	To change the nber Data Change" (PTO/SB/124).			

I am the:

	Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
$\checkmark$	Attorney or agent of record, Registration Number 42,722

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number\_

Signature

Typed or Printed Michael A. Kerr Name

Applicant/Inventor

Date June 2007

Telephone 775-841-3388

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

\*Total of forms are submitted

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO Intel Collection of middlessian an enquired by 3 of CHY 1.5. The information is required to obtain or retain a benefiter by the public Windle is to the land by the USA of the CHY 1.5. The information is required to obtain or retain a benefiter by the public Windle is to the land by the USA of the CHY 1.5. The information is required to the USA of the CHY 1.5. The information is required to the USA of the ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (04-07)

Under the Pa	nerwork Reduction Act of 1995	no nereon	U.S	S. Paten	at and Ti	rademark	Office: I	through 09/30/2007. OMB 0851-0031 J.S. DEPARTMENT OF COMMERCE
Under the Pacerwork Reduction Act of 1995, no persons TRANSMITTAL FORM		Application Number 09/927.035			ition unless it displays a valid OMB control number			
		Filing Date August 09, 2001						
		First Named Inventor		Redwine, Christopher				
			Art Unit	371	3711			
(to be used for all correspondence after initial filing)		Examiner Name	Hui	Hunter, Avin A.				
Total Number of Pages in This Submission 2		Attorney Docket Number	RE	RED 05.001				
		ENC	LOSURES (Check a	all that	1			
<u></u>			LOSURES (Check a	aii that	т арріу	, 	After /	Allowance Communication to TC
Fee Tran	smittal Form		Drawing(s)					
L F	ee Attached	Ш і	Licensing-related Papers	icensing-related Papers		Ш		al Communication to Board eals and Interferences
Amendm		Ы,	Petition			П	Appea	Communication to TC
			Petition to Convert to a					al Notice, Brief, Reply Brief)
I H *	fter Final		Provisional Application Power of Attorney, Revocat	tion		H	Propri	etary Information
_ □ ^	ffidavits/declaration(s)		Change of Correspondence		ess	Ш		Letter
Extension	of Time Request	∟ -	Terminal Disclaimer			Ш	below	Enclosure(s) (please Identify ):
Express	Abandonment Request		Request for Refund					
	on Disclosure Statement	ı	CD, Number of CD(s)					
Intomation	on Disclosure Statement							
Certified	Landscape Table on CD  Certified Copy of Priority  Remarks							
☐ Documen		rtema						
Reply to Missing Parts/ Incomplete Application								
I □ 'R	eply to Missing Parts							
"	nder 37 CFR 1.52 or 1.53							
Firm Name	SIGNA	TURE C	OF APPLICANT, ATT	ORNI	EY, O	RAG	ENT	
	Virtual Legal, P.C.							
Signature And A								
Printed name	Michael A. Kerr							
Date June 22007			Reg.	Reg. No. 42,722				
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Signature								
Typed or printed	name Sara	h (	Parsons				Date	July 7, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to fine (and by the USPTO) to process) an application. Confidentiality is governed by 30 US. O. (22 and 37 CFR. 111 and 1.1.4. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual cases. Any comments on the amount of time you require to complete this form and/or suggestions for reducing file burden, should be sent to the Chief Information Officer (12. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.